

Revision: HCFA-PM-95-4 (HSQB)  
JUNE 1995

ATTACHMENT 4.35-F

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: NEVADA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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Enforcement of Compliance for Nursing Facilities

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State Monitoring: Describe the criteria (as required at '1919(h)(2)(A)) for applying the remedy.

X  Specified Remedy

(Will use the criteria and notice requirements speci-

fied in the regulation.)

Alternative Remedy

(Describe the criteria and notice

requirements and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.

TN No. 95-08

Supersedes   Approval Date 12/11/95 Effective Date 7/1/95

TN No. N/A

